

## Kiracofe, Brandon (DEQ)

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**From:** Kiracofe, Brandon (DEQ)  
**Sent:** Monday, April 04, 2011 8:55 AM  
**To:** 'Jean Andrews'  
**Subject:** Mt. Sidney WWTP, VPDES Permit No. VA0022322

Ms. Andrews,

Your application has been reviewed and appears to be complete. The waivers you requested from sampling and reporting TRC, TDC, Oil & Grease, and the Expanded Effluent Testing parameters have been granted. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 months.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,  
Brandon Kiracofe

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Brandon D. Kiracofe  
Water Permits Manager  
DEQ - Valley Regional Office  
P.O. Box 3000  
Harrisonburg, VA 22801  
(540) 574-7892  
(540) 574-7878 (fax)  
[brandon.kiracofe@deq.virginia.gov](mailto:brandon.kiracofe@deq.virginia.gov)



**MEMORANDUM**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**VALLEY REGIONAL OFFICE**

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0022322, Mt. Sidney WWTP, Augusta County  
TO: PP File  
FROM: Brandon D. Kiracofe  
DATE: April 4, 2011

The following deficiencies were noted in the subject permit reissuance application:

Form 2A

Part I.A.2.: Based on the information on file at DEQ, the application name is known to be Augusta County Service Authority and the other applicant information is known to be the same as the facility information.

Part I.A.12.: E. coli data were submitted instead of Fecal Coliform data.

Part B.6.: The applicant requested a waiver from sampling and reporting TRC, TDS, and Oil & Grease. The requested waiver appears to be justified.

Part D.: The applicant requested a waiver from the Expanded Effluent Testing. The requested waiver appears to be justified.

VPDES SEWAGE SLUDGE APPLICATION

Item A.2.: Based on the information on file at DEQ, the application name is known to be Augusta County Service Authority and the other applicant information is known to be the same as the facility information.

Item A.7.: VPA Permit No. VPA01580 and VPA01581 should have also been listed for Houff's Feed & Fertilizer Company. Also, the applicant did not include information on the application regarding the contractor's responsibilities; however, that information was previously provided to DEQ.

Item A.9.: The applicant should have marked Section C.

Item B.6.a: The correct receiving facility names are Middle River Regional STP and Fishersville Regional STP.

Item B.6.j.: Because the receiving facilities are also owned and operated by the Augusta County Service Authority, the notice and necessary information is not needed.

Item C.3.c.: VPA Permit No. VPA01580 and VPA01581 should have also been listed for Houff's Feed & Fertilizer Company.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: KAS 4-4-11



# AUGUSTA COUNTY SERVICE AUTHORITY

18 GOVERNMENT CENTER LANE, P.O. BOX 859, VERONA, VIRGINIA 24482 (540) 245-5670 FAX: (540) 245-5684



March 29, 2011

Mr. Brandon Kiracofe  
Department of Environmental Quality  
P. O. Box 3000  
Harrisonburg, VA 22801-3000

RECEIVED  
DEQ - Valley  
MAR 31 2011

RE: Mt. Sidney Permit Application (VA0022322)

To: \_\_\_\_\_  
FILE: \_\_\_\_\_

Dear Mr. Kiracofe:

Enclosed is the original permit renewal application for the Mt. Sidney STP. A copy has also been sent to the Virginia Department of Health.

A waiver is being requested for the TRC, TDS, and Oil and Grease data in Form 2-A, B.6. This facility uses ultraviolet (UV) disinfection, so testing has been conducted for E. coli, not total chlorine residual. No chlorine cylinders are on-site. The TDS and O&G parameters were not required in previous permits and no data is currently available. Data from a similar ACSA facility indicated that the oil and grease values were below the detection limit and the total dissolved solids number was 603 mg/L.

A waiver is also being requested for the expanded effluent testing. The Augusta County Service Authority has a county-wide Industrial Pretreatment Program which would have required this section to be completed. However, there are no industrial users on this system. Also, the enclosed sludge data show that all metal concentrations are well below the limit for exceptional quality sludge. All the biosolids TCLP parameters are in compliance as well.

Toxicity monitoring is required for POTWs with a design flow rate greater than or equal to 1 MGD or have a pretreatment program. Since Mt. Sidney design flow is 0.150 MGD and there are no longer any industrial users on this system, we request that toxicity monitoring not be included as part of the permit.

If you have any questions, please contact me at (540) 245-5677.

Sincerely,

Jean E. Andrews  
Regulatory Compliance Coordinator

/ja  
Enclosures

CHARTERED MARCH 1966





FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

#### A.1. Facility Information.

Facility Name Mt. Sidney WWTP

Mailing Address PO Box 859  
Verona, VA 24482

Contact Person Ken Fanfoni

Title Executive Director

Telephone Number (540) 245-5670

Facility Address 2075 Lee Highway  
(not P.O. Box) Mt. Sidney, VA 24467

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

RECEIVED

DEC Valley

MAR 31 2011

To: \_\_\_\_\_

FILE: \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner

☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility

☒ applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0022322

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other \_\_\_\_\_

VAL022322

RCRA \_\_\_\_\_

Other \_\_\_\_\_

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
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<u>Mt. Sidney</u>	<u>600</u>	<u>Separate</u>	<u>Municipal</u>
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<u>Fort Defiance</u>	<u>63</u>	<u>Separate</u>	<u>Municipal</u>
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Total population served 663 (not including the schools which have a total of 2,363 students and staff)

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12<sup>th</sup> month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.150
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.052 MGD</u>	<u>0.060 MGD</u>	<u>0.081 MGD</u>
c. Maximum daily flow rate	<u>0.400 MGD</u>	<u>0.286 MGD</u>	<u>0.418 MGD</u>

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒ Separate sanitary sewer 100 %
- ☐ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharge to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No



## FACILITY NAME AND PERMIT NUMBER:

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter Name

Mailing Address

Contact Person

Title

Telephone Number ( )

For each treatment works that receives this discharge, provide the following:

Name

Mailing Address

Contact Person

Title

Telephone Number ( )

If known, provide the NPDES permit number of the treatment works that receives this discharge

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001
- b. Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code)  
Augusta VA  
(County) (State)  
38° 14' 53.70" 78° 57' 35.97"  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate 0.081 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Unnamed tributary to Middle River
- b. Name of watershed (if known) Chesapeake Bay  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): Potomac Basin/ Shenandoah Subbasin  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable)  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086**A.11. Description of Treatment**

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal 85+ %Design SS removal 85+ %

Design P removal \_\_\_\_\_ %

Design N removal \_\_\_\_\_ %

Other \_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Ultraviolet (UV)

If disinfection is by chlorination is dechlorination used for this outfall?

☐ Yes☐ No

- d. Does the treatment plant have post aeration?

☐ Yes☒ No

**A.12 Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.6	s.u.			
pH (Maximum)	7.6	s.u.			
Flow Rate	0.418	MGD	0.064	MGD	1,095
Temperature (Winter)	18	° C	13	° C	543
Temperature (Summer)	28	° C	22	° C	549

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5						
	CBOD5	9	mg/L	0.2	mg/L	157	SM 5120 5 mg/L
FECAL COLIFORM (E Coli Geo Mean*)	28	n/100 mL	4	n/100 mL	158	Idexx	1 cfu/100 ml
TOTAL SUSPENDED SOLIDS (TSS)	47.2	mg/L	3.1	mg/L	158	SM 2540D	1 mg/L

**END OF PART A.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM**  
**2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
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## BASIC APPLICATION INFORMATION

### PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

11,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

ACSA has an I&I crew which investigates and repairs problems that are found.

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within  $\frac{1}{4}$  mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

## FACILITY NAME AND PERMIT NUMBER:

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	6.84	mg/L	0.8	mg/L	157	SM 4500-NH3 F	0.2 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	Waiver						
DISSOLVED OXYGEN	11.2	mg/L	7.6	mg/L	1,095	SM 4500-O G	0.1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	9.30	mg/L	0.9	mg/L	74	SM4500Norg B	0.2 mg/L
NITRATE PLUS NITRITE NITROGEN	63.88	mg/L	34.2	mg/L	72	EPA 353.3	0.05 mg/L
OIL and GREASE	Waiver						
PHOSPHORUS (Total)	7.28	mg/L	4.23	mg/L	73	SM 4500-P E	0.1 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	Waiver						
OTHER							

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

**Indicate which parts of Form 2A you have completed and are submitting:**

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kenneth J. Fanfoni, P.E., Executive Director

Signature 

Telephone number (540) 245-5670

Date signed 3/30/11

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

## PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

## E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

## E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

## a. Test information.

Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

## b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

## c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

## d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection			
After dechlorination			



FACILITY NAME AND PERMIT NUMBER:

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Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%  
effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

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Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

See attached spreadsheet

\_\_\_\_\_

**END OF PART E.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

#### GENERAL INFORMATION:

**F.1. Pretreatment program.** Does the treatment works have, or is subject to, an approved pretreatment program?

☒ Yes ☐ No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 0

b. Number of CIUs. 0

#### SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.4. Industrial Processes.** Describe all the industrial processes that affect or contribute to the SIU's discharge.  
\_\_\_\_\_  
\_\_\_\_\_

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

#### F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?  
\_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

Mt. Sidney WWTP VA0022322

Form Approved 1/14/99  
OMB Number 2040-0086

**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No

If yes, describe each episode.

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☒ No (go to F.12)

**F.10 Waste transport.** Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

**F.11 Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12 Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

**F.13 Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

**F.14 Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

**F.15 Waste Treatment.**

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

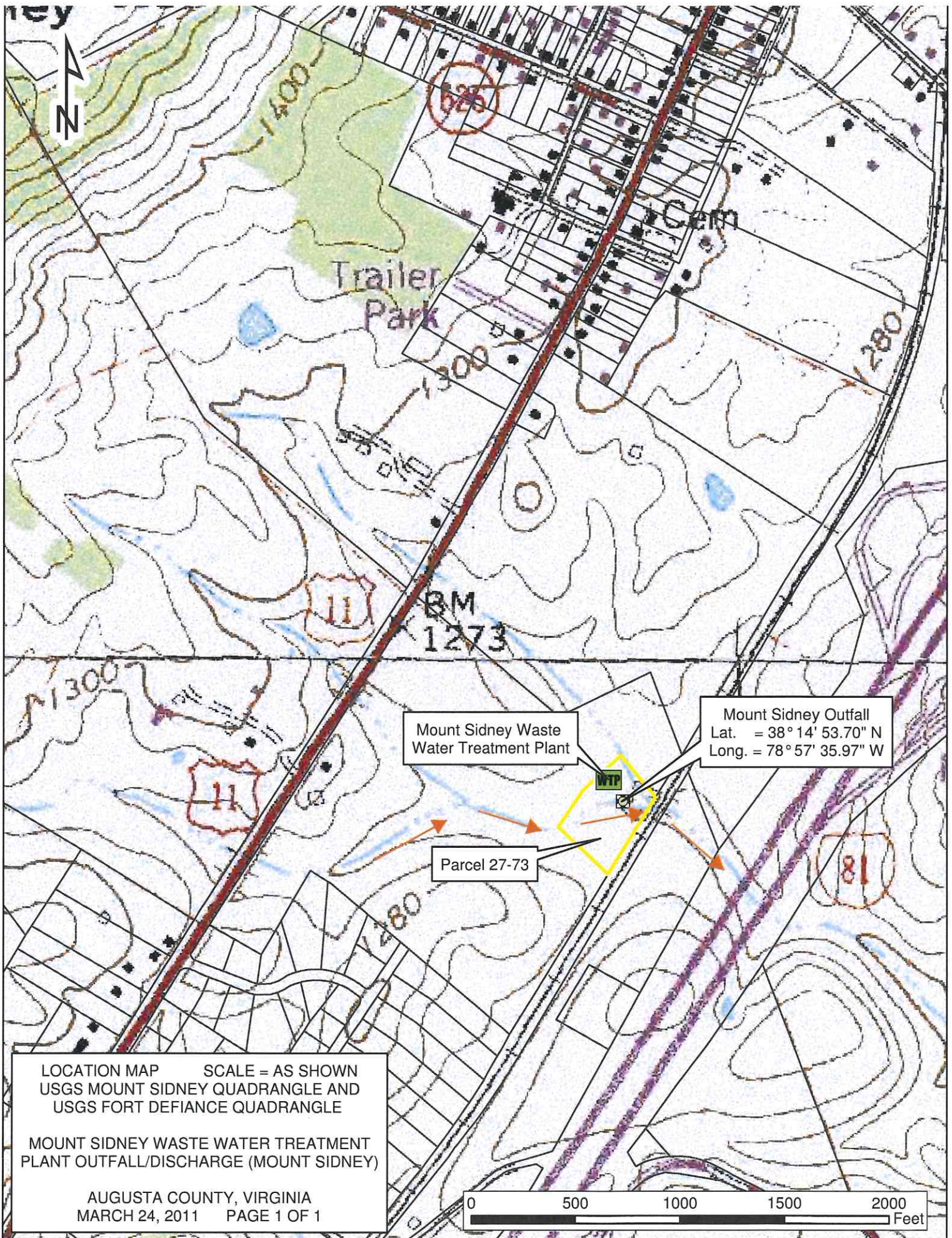
b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous

☐ Intermittent

If intermittent, describe discharge schedule.





Mount Sidney Waste  
Water Treatment Plant

Mount Sidney Outfall  
Lat. = 38° 14' 53.70" N  
Long. = 78° 57' 35.97" W

Parcel 27-73

LOCATION MAP      SCALE = AS SHOWN  
USGS MOUNT SIDNEY QUADRANGLE AND  
USGS FORT DEFIANCE QUADRANGLE

MOUNT SIDNEY WASTE WATER TREATMENT  
PLANT OUTFALL/DISCHARGE (MOUNT SIDNEY)

AUGUSTA COUNTY, VIRGINIA  
MARCH 24, 2011      PAGE 1 OF 1

0      500      1000      1500      2000  
Feet

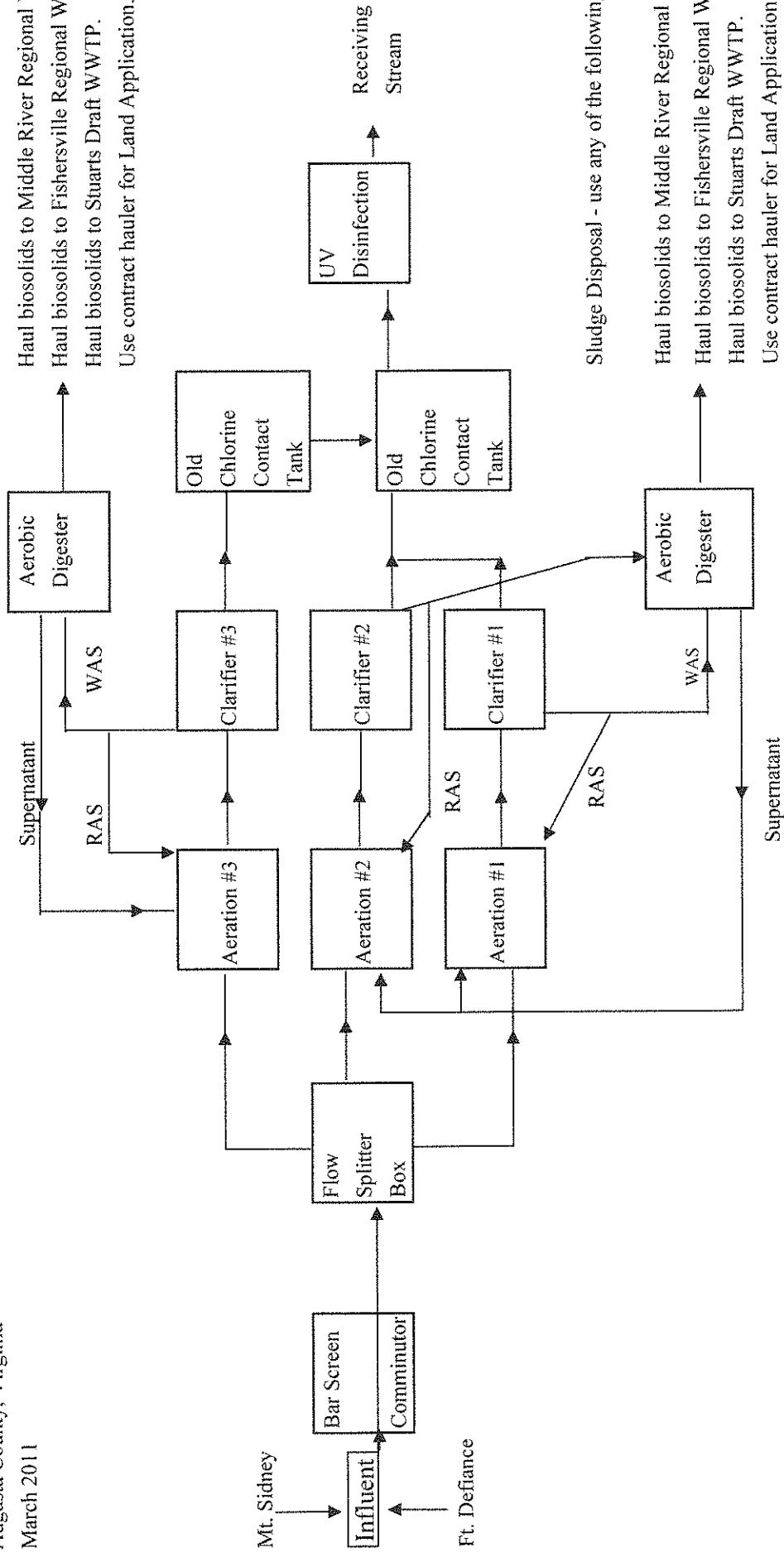




Schematic of Wastewater Flow for  
Mt. Sidney STP  
Augusta County, Virginia  
March 2011

Sludge Disposal - use any of the following options.

Haul biosolids to Middle River Regional WWTP.  
Haul biosolids to Fishersville Regional WWTP.  
Haul biosolids to Stuarts Draft WWTP.  
Use contract hauler for Land Application.



Sludge Disposal - use any of the following options.

Haul biosolids to Middle River Regional WWTP.  
Haul biosolids to Fishersville Regional WWTP.  
Haul biosolids to Stuarts Draft WWTP.  
Use contract hauler for Land Application.





**MT. SIDNEY WWTP TOXICITY MONITORING REPORT RESULTS**

Date	Report Type	Acute (LC50)		Chronic (NOEC)					
		Ceriodaphnia dubia	Pimephales promelas	Ceriodaphnia dubia			Pimephales promelas		
		Survival	Survival TLc	Reprod.	Reprod TLc	Reprod IC25	Survival	Survival TLc	Growth IC25
July 31 - August 4, 2000	Annual	>100%	-	100%			-		
August 13 - 17, 2001	Annual	>100%	-	100%			-		
July 29 - August 2, 2002	Annual	**	**	100%			100%		
August 11 - 14, 2003	Annual	**	**	100%			75.5%		
August 9 - 12, 2004	Annual	**	**	100%			100%		
July 25 - 28, 2005	Annual	**	**	75.5%			100%		
August 14 - 17, 2006	Annual	**	**	100%			50.9%		
August 6 - 9, 2007	Annual	**	**	100%	1.00	>100%	100.0%	1.00	>100%
August 11 - 14, 2008	Annual	**	**	100%	1.00	>100%	100.0%	1.00	>100%
July 27 - 30, 2009	Annual	**	**	100%	1.54	60%	100.0%	1.00	>100%
March 1 - 4, 2010	Special	**	**	100%	1.00	>100%			
June 7 - 10, 2010	Special	**	**	100%	1.00	>100%			
July 19 - 22, 2010	Special	**	**	100%	1.00	>100%			
August 16 - 19, 2010	Annual	**	**	<56%	>1.79	31.7%	100.0%	1.00	>100%
December 6 - 9, 2010	Special	**	**	100%	1.00	>100%			
December 13 - 16, 2010	Special	**	**	100%	1.00	>100%			
January 3 - 6, 2011	Special	**	**	100%	1.00	>100%			

**Annual Test:** Oct 06 permit: Compliance shall be with the following endpoints: Chronic NOEC of 75%, equivalent to 1.33 TU.  
Results which cannot be determined are not acceptable, and a retest must be repeated within 30 days.

\* - Mr. Hough requested that the retest be conducted in July, 2000.

\*\* Acute tests are no longer required under our current permit.



Augusta County Service Authority

Mt. Sidney WWTP (VA0022322) Biosolids Data

Date	Arsenic mg/kg	Cadmium mg/kg	Chromium mg/kg	Copper mg/kg	Lead mg/kg	Mercury mg/kg	Molybdenum mg/kg	Nickel mg/kg	Selenium mg/kg	Zinc mg/kg	PCBs mg/kg
2007	3.8	<5	80	677	62	0.5	12	116	6.7	1,340	
2008	3.5	1.1	53	591	49	0.5	6	46	7.4	951	<0.33
2009	4.2	1	44	528	56	0.8	6	37	6.5	1,020	
2010	5	1	25	538	47	<0.4	5	16	6.0	1,110	
EPA Ceiling*	75	85	3,000	4,300	840	57	75	4,000	250	7,500	
EPA Exceptional **	41	39	1,200	1,500	300	17	N/A	420	36	2,800	

\* EPA Ceiling Concentration for Pollutants for all Sewage Sludge Applied to Land (mg/kg).

\*\* EPA Pollutant Concentration for Exceptional Quality Sewage Sludge (mg/kg).

Parameter	Analytical Method	Detection Level (mg/kg)
Arsenic	SW 846-6010B	1
Cadmium	SW 846-6010B	1
Chromium	SW 846-6010B	5
Copper	SW 846-6010B	1
Lead	SW 846-6010B	5
Mercury	SW 846-7471A	0.4
Molybdenum	SW 846-6010B	5
Nickel	SW 846-6010B	5
Selenium	SW 846-6010B	1
Zinc	SW 846-6010B	1



Augusta County Service Authority

Mt. Sidney WWTP (VA0022322) TCLP Data

Parameter	Mt. Sidney 9/26/2007 (mg/L)	Mt. Sidney 7/30/2008 (mg/L)	Mt. Sidney 9/22/2009 (mg/L)	Mt. Sidney 9/15/2010 (mg/L)	Regulatory Level (mg/L)
Arsenic	<0.005	<0.005	<0.500	<0.500	5
Barium	0.061	0.338	0.119	0.566	100
Benzene	<0.005	<0.005	<0.050	<0.050	0.5
Cadmium	0.0014	0.0007	<0.050	<0.050	1
Carbon Tetrachloride	<0.005	<0.005	<0.050	<0.050	0.5
Chlordane	<0.025	<0.025	<0.00312	<0.00303	10
Chlorobenzene	<0.005	<0.005	<0.050	<0.050	100
Chloroform	<0.005	<0.005	<0.050	<0.050	6
Chromium	<0.001	<0.001	<0.500	<0.500	5
o-Cresol	<0.025	<0.025	<0.025	<0.024	200
m/p-Cresol	<0.02	<0.02	<0.025	<0.024	200
Cresol	<0.02	<0.02	<0.0100	<0.0097	10
2,4-D	<0.004	<0.004	<0.025	<0.024	7.5
1,4-Dichlorobenzene	<0.005	<0.005	<0.050	<0.050	0.5
1,2-Dichloroethane	<0.005	<0.005	<0.050	<0.050	0.7
1,1-Dichloroethylene	<0.005	<0.005	<0.025	<0.024	0.13
2,4-Dinitrotoluene	<0.025	<0.025	<0.00025	<0.00024	0.008
Endrin	<0.005	<0.005	<0.00012	<0.00012	
Heptachlor (+epoxide)	<0.005	<0.005	<0.00012	<0.00012	
Hexachlorobenzene	<0.025	<0.025	<0.00012	<0.00012	0.02
Hexachloro-1,3-butadiene	<0.025	<0.025	<0.025	<0.024	0.13
Hexachloroethane	<0.025	<0.025	<0.025	<0.024	0.5
Lead	<0.005	<0.005	<0.025	<0.024	3
Lindane	<0.025	<0.025	<0.500	<0.500	5
Mercury	<0.0002	<0.0002	<0.0020	<0.0020	0.2
Methoxychlor	<0.025	<0.025	<0.00125	<0.00121	0.4
Methyl ethyl Ketone	<0.1	<0.1	<1.00	<0.500	200
Nitrobenzene	<0.025	<0.025	<0.025	<0.024	2
Pentachlorophenol	<0.1	<0.1	<0.025	<0.024	100
Pyridine	<0.025	<0.025	<0.025	<0.024	5
Selenium	<0.005	0.005	0.02	<0.200	1
Silver	<0.001	<0.001	<0.100	<0.100	5
Tetrachloroethylene	<0.005	<0.005	<0.050	<0.050	0.7
Toxaphene	<0.1	<0.1	<0.00312	<0.00303	0.5
Trichloroethylene	<0.005	<0.005	<0.050	<0.050	0.5
2,4,5-Trichlorophenol	<0.025	<0.025	<0.025	<0.024	40
2,4,6-Trichlorophenol	<0.025	<0.025	<0.025	<0.024	2
2,4,5-TP	<0.004	<0.004	<0.0050	<0.0049	1
Vinyl Chloride	<0.01	<0.01	<0.050	<0.050	0.2



## VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

## SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☒ Yes ☐ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☒ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

## SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
  - a. Facility name: Mt. Sidney WWTP
  - b. Contact person: Tony Morse  
Title: Director of Treatment Operations  
Phone: ( 540 ) 245-5227
  - c. Mailing address:  
Street or P.O. Box: P.O. Box 859  
City or Town: Verona State: VA Zip: 24482
  - d. Facility location:  
Street or Route #: 2075 Lee Highway  
County: Augusta  
City or Town: Mt. Sidney State: VA Zip: 24431
  - e. Is this facility a Class I sludge management facility? ☒ Yes ☐ No
  - f. Facility design flow rate: 0.150 mgd
  - g. Total population served: 663 (plus 2,363 students and staff at schools)
  - h. Indicate the type of facility:  
☒ Publicly owned treatment works (POTW)  
☐ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe):
2. Applicant Information. If the applicant is different from the above, provide the following:
  - a. Applicant name:
  - b. Mailing address:  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - c. Contact person:  
Title:  
Phone: ( ) \_\_\_\_\_
  - d. Is the applicant the owner or operator (or both) of this facility?  
☒ owner ☒ operator
  - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)  
☐ facility ☒ applicant
3. Permit Information.
  - a. Facility's VPDES permit number (if applicable): VA0022322
  - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
VAL022322 NPDES
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:
5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
  - a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
  - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.



6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes    No  
If yes, provide the following for each contractor (attach additional pages if necessary).  
Name: Houff Feed & Fertilizer  
Mailing address:  
Street or P.O. Box: 97 Railside Drive  
City or Town: Weyers Cave State: VA Zip: 24486  
Phone: ( 540 ) 234-9246  
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:  
VPA01566  
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **See attached spreadsheet.**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- X   Section A (General Information)  
  X   Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)  
       Section C (Land Application of Bulk Sewage Sludge)  
       Section D (Surface Disposal)

FACILITY NAME: Mt. Sidney WWTP

VPDES PERMIT NUMBER: VA0022322

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kenneth J. Fanfoni, P.E.

Signature  Date Signed 3/30/11

Telephone number 540-245-5670

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.  
Total dry metric tons per 365-day period generated at your facility: 9.3 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
  - a. Facility name: \_\_\_\_\_
  - b. Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_
  - c. Mailing address: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - d. Facility Address: \_\_\_\_\_  
(not P.O. Box) \_\_\_\_\_
  - e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
  - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:  
\_\_\_\_\_
3. Treatment Provided at Your Facility.
  - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
Class A ☒ Class B ☐ Neither or unknown
  - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion
  - c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
☐ Option 1 (Minimum 38 percent reduction in volatile solids)  
☐ Option 2 (Anaerobic process, with bench-scale demonstration)  
☐ Option 3 (Aerobic process, with bench-scale demonstration)  
☒ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
☐ Option 5 (Aerobic processes plus raised temperature)  
☐ Option 6 (Raise pH to 12 and retain at 11.5)  
☐ Option 7 (75 percent solids with no unstabilized solids)  
☐ Option 8 (90 percent solids with unstabilized solids)  
☐ None or unknown
  - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion
  - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: \_\_\_\_\_
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). N/A  
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
  - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
  - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?  
☐ Yes ☐ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. N/A  
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Middle River STP
- b. Facility contact: Tony Morse  
Title: Director of Treatment Operations  
Phone: ( 540 ) 245-5227
- c. Mailing address:  
Street or P.O. Box: P.O. Box 859  
City or Town: Verona State: VA Zip: 24482
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 8.9 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:  

<u>Permit Number:</u>	<u>Type of Permit:</u>
<u>VA0064793</u>	<u>VPDES</u>
<u>VAL064793</u>	<u>NPDES</u>
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes    No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
   Class A    Class B    Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Digestion
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes    No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
   Option 1 (Minimum 38 percent reduction in volatile solids)  
   Option 2 (Anaerobic process, with bench-scale demonstration)  
   Option 3 (Aerobic process, with bench-scale demonstration)  
   Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
   Option 5 (Aerobic processes plus raised temperature)  
   Option 6 (Raise pH to 12 and retain at 11.5)  
   Option 7 (75 percent solids with no unstabilized solids)  
   Option 8 (90 percent solids with unstabilized solids)  
   None unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
   X Yes    No  
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:  
Blending
- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes X No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? X Yes      No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Rt. 11 South to Rt. 612 East to Middle River STP. Sludge will be hauled during normal working hours Monday through Friday.

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:      dry metric tons
- b. Do you identify all land application sites in Section C of this application?      Yes      No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia?      Yes      No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

\* Possible option. No sludge was land applied this past year.

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:                  dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
     Yes      No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:  
Title:  
Phone: (    )  
Contact is:      Site Owner      Site operator
- e. Mailing address.  
Street or P.O. Box:  
City or Town:                                  State:                  Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:                  dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:

Type of Permit:

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator:                                  dry metric tons

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. N/A  
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
6. Shipment Off Site for Treatment or Blending.  
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)
- a. Receiving facility name: Stuarts Draft STP
- b. Facility contact: Tony Morse  
Title: Director of Treatment Operations  
Phone: ( 540 ) 245-5227
- c. Mailing address:  
Street or P.O. Box: P.O. Box 859  
City or Town: Verona State: VA Zip: 24482
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \_\_\_\_\_ \* dry metric tons  
\* Possible permit option
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
- |                       |                        |
|-----------------------|------------------------|
| <u>Permit Number:</u> | <u>Type of Permit:</u> |
| <u>VA0066877</u>      | <u>VPDES</u>           |
| <u>VAL066877</u>      | <u>NPDES</u>           |
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes \_\_\_ No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
\_\_\_ Class A X Class B \_\_\_ Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Digestion
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes \_\_\_ No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
X Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
\_\_\_ None unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
X Yes \_\_\_ No  
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:  
Blending
- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes X No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- i. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? X Yes      No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.  
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Route 1: Rt. 11 South to Rt. 612 East to I-81 South to I-64 East to Exit 94. Rt. 340 South to Rt. 635 East to Route 639 West to WWTP . Route 2: Rt. 11 South to Rt. 612 East to Rt. 792 South to Rt. 250 East to Rt. 608 South to Rt. 639 East to WWTP  
Sludge will be hauled during normal working hours.

## 7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:      dry metric tons
- b. Do you identify all land application sites in Section C of this application?      Yes      No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia?      Yes      No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).  
\* Possible option. No sludge was land applied this past year.

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:                      dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
     Yes      No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:  
Title:  
Phone: (    )  
Contact is:      Site Owner      Site operator
- e. Mailing address.  
Street or P.O. Box:  
City or Town:                                      State:              Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:                      dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:  
Permit Number:                                      Type of Permit:

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator:                      dry metric tons

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. N/A  
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
6. Shipment Off Site for Treatment or Blending.  
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)
- a. Receiving facility name: Fishersville STP
- b. Facility contact: Tony Morse  
Title: Director of Treatment Operations  
Phone: ( 540 ) 245-5227
- c. Mailing address:  
Street or P.O. Box: P.O. Box 859  
City or Town: Verona State: VA Zip: 24482
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \* dry metric tons \*Possible permit option. No sludge hauled in 2009 or 2010.
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
- | <u>Permit Number:</u> | <u>Type of Permit:</u> |
|-----------------------|------------------------|
| <u>VA0025291</u>      | <u>VPDES</u>           |
| <u>VAL025291</u>      | <u>NPDES</u>           |
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes \_\_\_ No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
\_\_\_ Class A X Class B \_\_\_ Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Aerobic Digestion
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes \_\_\_ No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
X Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
\_\_\_ None unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
X Yes \_\_\_ No  
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:  
Blending
- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? \_\_\_ Yes X No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.



- m. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Route 1: Rt. 11 South to Rt. 612 East to Rt. 792 South to Rt. 794 East to WWTP. Route 2: Rt. 11 South to Rt. 612 East to I-81 South to Exit 222, Rt. 250 East to Rt. 792 North to Rt. 794 East to WWTP. Sludge will be hauled during normal working hours Monday through Friday.

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \* dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).  
\* Possible option. No sludge was land applied this past year.

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
☐ Yes ☐ No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:  
Title:  
Phone: ( )  
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address.  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: \_\_\_\_\_ dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
\_\_\_ Yes \_\_\_ No  
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_ Incinerator Owner \_\_\_ Incinerator Operator
- e. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 10. Disposal in a Municipal Solid Waste Landfill. N/A

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: \_\_\_\_\_
- b. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_ Landfill Owner \_\_\_ Landfill Operator
- c. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location.  
Street or Route #: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: \_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_ Yes \_\_\_ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_ Yes \_\_\_ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_ Yes \_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. \_\_\_\_\_  
\_\_\_\_\_

## SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.

a. Site name or number:

b. Site location (Complete i and ii)

i. Street or Route#:

County:

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ii. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of latitude/longitude determination

\_\_\_\_\_ USGS map \_\_\_\_\_ Filed survey \_\_\_\_\_ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.

a. Are you the owner of this land application site?    Yes    No

b. If no, provide the following information about the owner:

Name:

Street or P.O. Box:

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    )

3. Applier Information:

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?    Yes   X   No

b. If no, provide the following information for the person who applies the sewage sludge:

Name: Houff Feed & Fertilizer

Street or P.O. Box: 97 Railside Drive

City or Town: Weyers Cave State: VA Zip: 24486

Phone: ( 540 ) 234-9246

c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:

Permit Number:

Type of Permit:

VPA 01566

VPA

4. Site Type. Identify the type of land application site from among the following:

  X   Agricultural land

   Reclamation site

   Forest

   Public contact site

   Other. Describe

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

   Yes   X   No If yes, answer a and b.

a. Indicate which vector attraction reduction option is met:

   Option 9 (Injection below land surface)

   Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:



Mt. Sidney STP (VA0022322)  
Sludge Form Section A.6

Spent solids from the Mt. Sidney STP can be wasted into two (2) digesters, which hold a total volume of 21,000 gallons. The supernatant is then digested from these digesters.

Three options are available for biosolids disposal:

1. Biosolids may be hauled to the Middle River, Fishersville or Stuarts Draft WWTPs. Solids will be pumped from the digester(s) into either the Service Authority's truck or a contractor's truck and transported to one of the three WWTP. Typically, solids will be hauled to the Middle River WWTP. The biosolids will either be dewatered and transported to the Augusta Regional Landfill using Service Authority's employees and equipment or be thickened and land applied by a contract hauler.
2. If a contract hauler is used, solids will be pumped from the digester(s) into the hauler's truck and either be directly land applied or placed in a storage tank until land application can occur.



## PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Staunton News Leader in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:

Owner:

Augusta County Service Authority

Agent/Department Address:

PO Box 859

Verona, VA 24482

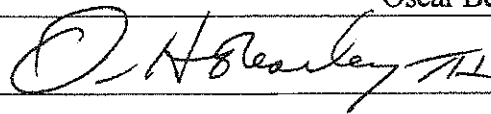
Agent's Telephone No.:

540-245-5670

Printed Name:

Oscar Beasley III

Authorizing Agent – Signature:



Date:

4/1/11

**For facilities that will appear in the Winchester Star or Daily Progress.**

☐

*Please check the box if you have verified with the Winchester Star or Daily Progress that you have an acceptable credit account with them.*

**Attention Permittee:** Please complete the above information and return this form within 14 days to Bev Carver, DEQ-Valley Regional Office, P. O. Box 3000, Harrisonburg, Virginia 22801.

VPDES Permit No. VA0022322

Facility Name: Mt. Sidney WWTP





**VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee**

**Facility Name:** Mt. Sidney WWTP

**Permit Number:** VA0022322

**Tax Payer ID (Federal  
Identification Number):** 54-0798640

**Social Security Number  
if no Tax Payer ID:** \_\_\_\_\_

**Owner Name:** Augusta County Service Authority

**Owner Address:** PO Box 859

Verona, VA 24482

**Billing Contact Name:** Kenneth J. Fanfoni

**Title:** Executive Director

**Phone Number:** 540-245-5670

**E-Mail Address:** kfanfoni@co.augusta.va.us



**VPDES Permit Application Addendum**

1. **Entity to whom the permit is to be issued:** Augusta County Service Authority

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. **Is this facility located within city or town boundaries?** Y / ☒ N

Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 27-73

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **ALL FACILITIES: What is the design average flow of this facility?** 0.150 MGD

Industrial facilities: **What is the max. 30-day avg. production level (include units)?** NA

**In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** ☒ Y / N

**If "Yes", please specify the other flow tiers (in MGD) or production levels:** 0.09 MGD

*Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?*

6. **Nature of operations generating wastewater:**

Public Sewer

100% of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: 0 1-49 ☒ 50 or more

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry

☐ Lake or pond at or below the discharge point

☐ Other: \_\_\_\_\_

9. **Approval Date(s):**

O & M Manual 12/30/02

Sludge/Solids Management Plan 4/22/03

Revisions: 1/12/06

Have there been any changes in your operations or procedures since the above approval dates? Y / ☒ N



**VIRGINIA DEQ NO EXPOSURE CERTIFICATION  
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

**1. Facility Operator Information**

Name: Augusta County Service Authority

Mailing Address: PO Box 859

City: Verona State: VA Zip: 24482 Phone: 540-245-5670

**2. Facility/Site Location Information**

Facility Name: Mt. Sidney WWTP

Address: 2075 Lee Highway

City: Mt. Sidney State: VA Zip: 24467

County Name: Augusta

Latitude: 38° 14' 53.70" Longitude: 78° 57' 35.97"

**3. Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☒

If "Yes", enter the VPDES permit number: \_\_\_\_\_

**4. SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): \_\_\_\_\_

**5. Total size of facility/site associated with industrial activity:** 4.8 acres

**6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐

One to five acres ☐

More than five acres ☐

## 7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in storm water inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## 8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Kenneth J. Fanfoni

Print Title: Executive Director

Signature: 

Date: 3/30/11

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_